



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MOP/171964

PRELIMINARY RECITALS

Pursuant to a petition filed February 08, 2016, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Winnebago County Department of Human Services in regard to Medical Assistance, a hearing was held on April 12, 2016, at Oshkosh, Wisconsin.

The issue for determination is whether the agency correctly determined that Petitioner was overissued Medicaid benefits and whether a (Medicaid Purchase Plan) MAPP premium can be recalculated for the months of the overpayment.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: [REDACTED]

Winnebago County Department of Human Services
220 Washington Ave.
PO Box 2187
Oshkosh, WI 54903-2187

ADMINISTRATIVE LAW JUDGE:

David D. Fleming
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Winnebago County.
2. Petitioner previously appealed the discontinuance of her Medicaid Purchase Plan (MAPP) eligibility as of November 1, 2015 because she had not paid a premium of \$400.00. (Division of Hearings and Appeals case # 169616). Petitioner asked that benefits continue pending a decision on that appeal and benefits were continued for the months of November and December 2015 and

January 2016. A hearing was held on November 24, 2015 and a decision issued on January 20, 2016. That decision upheld the discontinuance.

3. Petitioner submitted a written request for a rehearing on case # 169616 on February 8, 2016. That request was denied.
4. Petitioner was sent a notice dated January 22, 2106 that informed her that she had been overissued Medicaid benefits in the amount of \$1200.00. Though the date of the overpayment was wrong the notice did correctly state that the overpayment was for months of continued benefits for a hearing.
5. This appeal was filed to contest the overpayment and to ask that the premium be recalculated.

DISCUSSION

As for the overpayment, the Medicaid Eligibility Handbook describes recoverable overpayments:

22.2.1.1 Recoverable Overpayments

Initiate recovery for a Medicaid overpayment if the incorrect payment resulted from one of the following:

...

3. Member Loss of an Appeal

A member may choose to continue to receive benefits pending an appeal decision. If the appeal decision is that the member was ineligible, the benefits received while awaiting the decision can be recovered. If an appeal results in an increased patient liability, cost share, or premium, recover the difference between the initial amount and the new amount.

Here Petitioner had a \$400.00 premium for MAPP paid by the State for the months of November, December and January. This is recoverable.

As for recalculating the premium, once a case is closed for failing to pay a premium a person cannot regain MAPP eligibility for 12 months unless they pay all arrears and current premiums - then the restrictive re-enrollment is 6 months. *MEH*, §26.6.1. The 6 months ended as of April 30, 2016.

As for recalculating the premium, the following *MEH* provision is relevant as to reporting changes for the MAPP program:

26.7.1 MAPP Changes Introduction

The member must report within ten days all changes to income, household composition, allowable deductions and other non-financial changes, including loss of employment, which affect eligibility. The IM worker should re-determine eligibility as a result of the changes. If it is determined that he or she remains eligible for MAPP and owes a premium, recalculate the premium amount.

26.7.2 Reduced Premiums or No Premiums

The effective date of a change that results in a reduced premium or no premium is the month of change or the month of report, whichever is later. If the change results in no premium, the IM agency may have to run eligibility with dates in CARES for the month the change occurred or was reported (whichever is later) and any subsequent months as well as for recurring.

Petitioner submitted new paystubs to the Division of Hearings and Appeals for the hearing. The Division of Hearings and Appeals is not, however, the county economic support agency and cannot redetermine a premium for the purpose of allowing payment of an arrearage. Further, the effective date of a premium change is the later of the month of change or the month of report. Petitioner may certainly pay the

arrearage and have the county agency recalculate her premium going forward. She needs to submit wage information to the agency for it to do so.

CONCLUSIONS OF LAW

1. That the agency correctly seeks recovery of \$1200.00 for continued benefits pending a hearing Decision.
2. That a premium cannot be recalculated for prior months; the effective date of a recalculated premium is the later of the month of change or the month of report.

THEREFORE, it is

ORDERED

That this appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

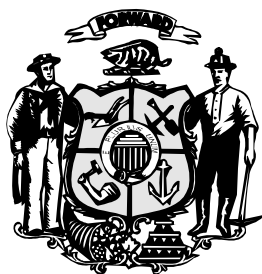
APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,
Wisconsin, this 4th day of May, 2016

\sDavid D. Fleming
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on May 4, 2016.

Winnebago County Department of Human Services
Public Assistance Collection Unit
Division of Health Care Access and Accountability